

1994 TRAVEL SURVEY

Last week you should have received a letter introducing this travel survey. This survey is being conducted by the Herkimer-Oneida Counties Transportation Study. The information gathered will be used to better plan needed transportation improvements. Since only a representative sample of the population received this survey, it is very important that your household responds. Thank you very much for your time. If you have any questions, please call Pat at 798-5037.

*All of your answers are **confidential**.*

Part 1: HOUSEHOLD INFORMATION

1. **Where is your household located?** (Please identify the location of your home by the nearest intersection, the municipality you live in, and your zip code).

Nearest Intersection _____

City / Town / Village _____ Zip Code _____

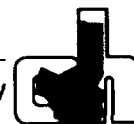
2. **How many people live in your household?** (Include all persons who usually live in your home. Do not include visitors or anybody who is usually away at school.)

☐ 1 (just you) ☐ 2 persons ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 or more people

3. **Please assign a "Person Number" to each person residing in your household who is 16 years old or older. Then answer the questions about them.** The Person Number relates to a colored Travel Sheet included with this packet.

Person Number	Age	Sex
1 (Green Log)	_____	<input type="checkbox"/> M <input type="checkbox"/> F
2 (Yellow Log)	_____	<input type="checkbox"/> M <input type="checkbox"/> F
3 (Blue Log)	_____	<input type="checkbox"/> M <input type="checkbox"/> F
4 (Pink Log)	_____	<input type="checkbox"/> M <input type="checkbox"/> F

If you need more travel sheets, call 798-5037.



Part 2: TRAVEL SHEETS for Wednesday October 26, 1994

We need to know about trips that are taken on the designated "TRAVEL DAY," **Wednesday October 26, 1994**. If you received this after the official Travel Day, please use the next Tuesday, Wednesday, or Thursday (November 1, 2, or 3) as your Travel Day and circle the date at the top of the Travel Sheet.

INSTRUCTIONS:

One colored Travel Sheet should be completed on the Travel Day for each member of the household, (age 16 and older), **even if household members traveled together**. Please read the example provided below.

TRIP

A trip occurs anytime that you traveled from one location to another for whatever reason.

If your job includes driving (delivery person, law enforcement officer) only include your trips to and from your place of employment.

I WENT TO

Write down the place name and address (or nearest intersection) for each place you traveled to.

TRIP PURPOSE

Check one of the choices. (A new trip should be started each time the trip purpose changed).

START TIME & LENGTH

Write down the starting time and length of the trip.

I TRAVELED BY MEANS OF:

Check one of the choices. (A new trip should start each time the means of travel changed).

NUMBER OF TRAVELERS

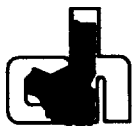
Check one of the choices. Include all persons, even if they are not in your household. (A new trip should be started each time the number of travelers changed).

Note: Even if no one in your household traveled, please mail back the survey in the postage paid envelope.

EXAMPLE TRAVEL SHEET

Your travel day could be the following. **Trip 1** - You drove from home to your dentist's office. **Trip 2** - You then drove from your dentist's office to work. **Trip 3** - You walked to get lunch. **Trip 4** - You then walked back to work. **Trip 5** - After work you drove home.

TRIP	I WENT TO ...	TRIP PURPOSE	START TIME & LENGTH	I TRAVELED BY ...	NUMBER OF TRAVELERS
1	Place: <u>dentist</u> Address or Intersection: <u>Main St + First Av</u> City / Town: <u>Frankfort</u>	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input checked="" type="checkbox"/> personal business <input type="checkbox"/> pick up/drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other	This trip started at: <u>7:51</u> <u>AM</u> Travel Time: <u>6</u> min.	<input checked="" type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other	<input checked="" type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more Now go to Trip # 2
2	THEN I WENT TO... Place: <u>O.C. Office Bldg.</u> Address or Intersection: <u>Park Ave + Bladina</u> City / Town: <u>Utica</u>	<input type="checkbox"/> go to school <input checked="" type="checkbox"/> go to work <input type="checkbox"/> personal business <input type="checkbox"/> pick up/drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other	This trip started at: <u>8:38</u> <u>PM</u> Travel Time: <u>17</u> min.	<input checked="" type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other	<input checked="" type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more Now go to Trip # 3
3	THEN I WENT TO... Place: <u>Joe's</u> Address or Intersection: <u>Genesee St + South</u> City / Town: <u>Utica</u>	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business <input type="checkbox"/> pick up/drop off person <input type="checkbox"/> return home <input checked="" type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other	This trip started at: <u>12:03</u> <u>PM</u> Travel Time: <u>6</u> min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input checked="" type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 or more Now go to Trip # 4
4	THEN I WENT TO... Place: <u>O.C. Office Bldg.</u> Address or Intersection: <u>Park Ave + Bladina</u> City / Town: <u>Utica</u>	<input type="checkbox"/> go to school <input checked="" type="checkbox"/> go to work <input type="checkbox"/> personal business <input type="checkbox"/> pick up/drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other	This trip started at: <u>12:52</u> <u>PM</u> Travel Time: <u>6</u> min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input checked="" type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 or more Now go to Trip # 5
5	THEN I WENT TO... Place: <u>Home</u> Address or Intersection: <u>Herkimer Rd + Hayes</u> City / Town: <u>Utica</u>	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business <input type="checkbox"/> pick up/drop off person <input checked="" type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other	This trip started at: <u>4:32</u> <u>PM</u> Travel Time: <u>12</u> min.	<input checked="" type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other	<input checked="" type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more Now go to Trip # 6 (turn sheet over)



TRAVEL SHEET for Person Number 4

Wednesday, October 26, 1994

or (circle one): Tues., Nov. 1st Wed., Nov. 2nd Thurs., Nov. 3rd

TRIP	I WENT TO ...	TRIP PURPOSE	START TIME & LENGTH	I TRAVELED BY ...	NUMBER OF TRAVELERS
1	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____			Now go to Trip # 2
	City / Town:				
2	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____			Now go to Trip # 3
	City / Town:				
3	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____			Now go to Trip # 4
	City / Town:				
4	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____			Now go to Trip # 5
	City / Town:				
5	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____			Now go to Trip # 6 (turn sheet over)
	City / Town:				

TRIP	I WENT TO ...	TRIP PURPOSE	START TIME & LENGTH	I TRAVELED BY ...	NUMBER OF TRAVELERS
6	THEN I WENT TO...				
	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	Travel time: _____ min.		Now go to Trip # 7
	City / Town:				
7	THEN I WENT TO...				
	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	Travel time: _____ min.		Now go to Trip # 8
	City / Town:				
8	THEN I WENT TO...				
	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	Travel time: _____ min.		Now go to Trip # 9
	City / Town:				
9	THEN I WENT TO...				
	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	Travel time: _____ min.		Now go to Trip # 10
	City / Town:				
10	THEN I WENT TO...				
	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	Travel time: _____ min.		Now go to Trip # 11
	City / Town:				
11	THEN I WENT TO...				
	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	Travel time: _____ min.		Now go to Trip # 12 (start a new sheet)
	City / Town:				

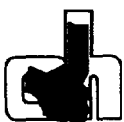


TRAVEL SHEET for Person Number 3

Wednesday, October 26, 1994

or (circle one): Tues., Nov. 1st Wed., Nov. 2nd Thurs., Nov. 3rd

TRIP	I WENT TO ...	TRIP PURPOSE	START TIME & LENGTH	I TRAVELED BY ...	NUMBER OF TRAVELERS
1	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____			Now go to Trip # 2
	City / Town:				
2	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____			Now go to Trip # 3
	City / Town:				
3	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____			Now go to Trip # 4
	City / Town:				
4	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____			Now go to Trip # 5
	City / Town:				
5	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____			Now go to Trip # 6 (turn sheet over)
	City / Town:				



TRIP	I WENT TO ...	TRIP PURPOSE	START TIME & LENGTH	I TRAVELED BY ...	NUMBER OF TRAVELERS
6	THEN I WENT TO...	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business <input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Place:				Now go to Trip # 7
	Address or Intersection:				
	City / Town:				
7	THEN I WENT TO...	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business <input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Place:				Now go to Trip # 8
	Address or Intersection:				
	City / Town:				
8	THEN I WENT TO...	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business <input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Place:				Now go to Trip # 9
	Address or Intersection:				
	City / Town:				
9	THEN I WENT TO...	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business <input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Place:				Now go to Trip # 10
	Address or Intersection:				
	City / Town:				
10	THEN I WENT TO...	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business <input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Place:				Now go to Trip # 11
	Address or Intersection:				
	City / Town:				
11	THEN I WENT TO...	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business <input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Place:				Now go to Trip # 12 (start a new sheet)
	Address or Intersection:				
	City / Town:				



TRAVEL SHEET for Person Number 2

Wednesday, October 26, 1994

or (circle one): Tues., Nov. 1st Wed., Nov. 2nd Thurs., Nov. 3rd

TRIP	I WENT TO ...	TRIP PURPOSE	START TIME & LENGTH	I TRAVELED BY ...	NUMBER OF TRAVELERS
1	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____			Now go to Trip # 2
	City / Town:				
2	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____			Now go to Trip # 3
	City / Town:				
3	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____			Now go to Trip # 4
	City / Town:				
4	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____			Now go to Trip # 5
	City / Town:				
5	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____			Now go to Trip # 6 (turn sheet over)
	City / Town:				

If you have any questions,

Call Bob at 708-5037

TRIP	I WENT TO ...	TRIP PURPOSE	START TIME & LENGTH	I TRAVELED BY ...	NUMBER OF TRAVELERS	
6	THEN I WENT TO...	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business <input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more	
	Place:					
	Address or Intersection:					
	City / Town:				Now go to Trip # 7	
7	THEN I WENT TO...	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business <input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more	
	Place:					
	Address or Intersection:					
	City / Town:				Now go to Trip # 8	
8	THEN I WENT TO...	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business <input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more	
	Place:					
	Address or Intersection:					
	City / Town:				Now go to Trip # 9	
9	THEN I WENT TO...	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business <input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more	
	Place:					
	Address or Intersection:					
	City / Town:				Now go to Trip # 10	
10	THEN I WENT TO...	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business <input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more	
	Place:					
	Address or Intersection:					
	City / Town:				Now go to Trip # 11	
11	THEN I WENT TO...	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business <input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	This trip started at: _____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more	
	Place:					
	Address or Intersection:					
	City / Town:				Now go to Trip # 12	

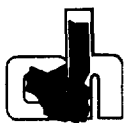
(start a new sheet)

TRAVEL SHEET for Person Number 1

Wednesday, October 26, 1994

or (circle one): Tues., Nov. 1st Wed., Nov. 2nd Thurs., Nov. 3rd

TRIP	I WENT TO ...	TRIP PURPOSE	START TIME & LENGTH	I TRAVELED BY ...	NUMBER OF TRAVELERS
1	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at:	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger)	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	_____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	Now go to Trip # 2
	City / Town:				
2	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at:	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger)	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	_____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	Now go to Trip # 3
	City / Town:				
3	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at:	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger)	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	_____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	Now go to Trip # 4
	City / Town:				
4	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at:	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger)	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	_____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	Now go to Trip # 5
	City / Town:				
5	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at:	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger)	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	_____ AM _____ PM Travel time: _____ min.	<input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	Now go to Trip # 6 (turn sheet over)
	City / Town:				



TRIP	I WENT TO ...	TRIP PURPOSE	START TIME & LENGTH	I TRAVELED BY ...	NUMBER OF TRAVELERS
6	THEN I WENT TO...				
	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at:	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	_____ AM _____ PM Travel time: _____ min.		Now go to Trip # 7
	City / Town:				
7	THEN I WENT TO...				
	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at:	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	_____ AM _____ PM Travel time: _____ min.		Now go to Trip # 8
	City / Town:				
8	THEN I WENT TO...				
	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at:	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	_____ AM _____ PM Travel time: _____ min.		Now go to Trip # 9
	City / Town:				
9	THEN I WENT TO...				
	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at:	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	_____ AM _____ PM Travel time: _____ min.		Now go to Trip # 10
	City / Town:				
10	THEN I WENT TO...				
	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at:	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	_____ AM _____ PM Travel time: _____ min.		Now go to Trip # 11
	City / Town:				
11	THEN I WENT TO...				
	Place:	<input type="checkbox"/> go to school <input type="checkbox"/> go to work <input type="checkbox"/> personal business	This trip started at:	<input type="checkbox"/> car/minivan/van/truck (as driver) <input type="checkbox"/> car/minivan/van/truck (as passenger) <input type="checkbox"/> motorcycle <input type="checkbox"/> bicycle <input type="checkbox"/> walking <input type="checkbox"/> transit bus <input type="checkbox"/> other _____	<input type="checkbox"/> 1 (myself only) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
	Address or Intersection:	<input type="checkbox"/> pick up / drop off person <input type="checkbox"/> return home <input type="checkbox"/> shopping / gas / food <input type="checkbox"/> work related <input type="checkbox"/> other _____	_____ AM _____ PM Travel time: _____ min.		Now go to Trip # 12 (start a new sheet)
	City / Town:				



Part 3: HOUSEHOLD CHARACTERISTICS

1. For each vehicle type listed, how many vehicles are available at home on the Travel Day for personal use by members of your household?

Vehicle Type	Number of Vehicles
Passenger Car/Minivan	_____
Pickup Truck/Van	_____
Motorcycle	_____
Bicycle/Moped	_____
Other Truck (Camper, etc.)	_____

2. What type of dwelling do you live in?

- ☐ Single Family House
 ☐ Two Family House
 ☐ Apartment - (3 or more units in your building)

☐ Mobile Home
 ☐ Other _____

3. Do you rent or own?

- ☐ Rent
 ☐ Own

4. How often do household members use these types of transportation? DO NOT include recreational use.

Type of Transportation	Number of Times
Walking	_____ week / month / year (circle one)
Bicycling	_____ week / month / year
Riding on Transit Bus	_____ week / month / year

5. How often would household members use the following facilities if they were provided?

	More than once a week	More than once a month	Never
Bike Racks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bike Lockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers / Lockers at Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bike Carriers on Transit Buses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



6. How often does any household member walk or ride a bike for recreational purposes?

	More than once a week	More than once a month	Never
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ride a bike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional

7. What is the total annual income, before taxes, of all household members combined?

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than \$15,000 | <input type="checkbox"/> \$15,000 - \$29,999 | <input type="checkbox"/> \$30,000 - \$44,999 |
| <input type="checkbox"/> \$45,000 - \$59,999 | <input type="checkbox"/> \$60,000 - \$74,999 | <input type="checkbox"/> More than \$75,000 |

8. May we call you if an answer needs to be clarified? If yes, please provide the following information.

Phone Number:

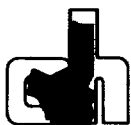
First Name:

Convenient Time:

**THANK YOU VERY MUCH FOR
YOUR PARTICIPATION**

Please return this survey and completed travel sheets in the postage paid envelope.

HOCTS • 800 Park Avenue • Utica, NY 13501



Herkimer-Oneida Counties Transportation Study

Call 798-5037 if you have any questions.